

# Status Report

## Essential School Health Services Program

### Annual Data Report

**June 2014**  
**2013-2014**  
**School Year**

1. A. Name of person completing report (please print): \_\_\_\_\_

B. Position: \_\_\_\_\_ C. District: \_\_\_\_\_

This Word document is provided for planning purposes only ; it cannot be used to submit a report. All report submissions must be done using our online form (<https://www.surveymonkey.com/s/StatusReport2014> ).

**NO PAPER FORMS, FAXES OR ELECTRONIC FILES WILL BE ACCEPTED. NO EXCEPTIONS.**

Please answer all questions with information that is *current* as of *June 2014*. Submit to DPH only ONE summary report for the entire district (not 1 report for each school). Do not include data from affiliated schools or districts (such as nonpublic or partner schools) together with ESHS-funded districts (Partner districts should submit a separate report) . Our data entry staff enters whatever readable number is written on the form; they will not look at explanatory comments and make adjustments, and will not perform calculations (such as " $2@.5+3$ "), so do your best to write down the correct, final number, or your information will be recorded incorrectly. See the last page for additional instructions, and see the RFR for definitions.

#### Section I: Annual Data

##### Special Health Care Needs

*Special health care needs*: Children who have, or are at risk for, a chronic physical, developmental, behavioral, or emotional condition. These children have conditions which:

- cause limitation in function, activity, or social role, or
- cause dependency on medication, special diet, medical technology, assistive device or personal assistance, or
- *require health and related services of a type or amount beyond those required by children generally* .

(Definition from the federal Bureau of Maternal and Child Health)

Examples: Peanut allergies; insect allergies requiring medication, migraine headaches, severe vision impairment.

Do not count: Regular (non-migraine) headaches, students who wear eyeglasses.

2. Number of students with a diagnosis in each *special health care needs (SHCN)* category below.

Please try to count ALL of the SHCN students in your district so that the data will fairly represent the make -up of your district (Do not enter data below if you do not have information on at least 75% of the students in your district).

I. Physical/Developmental Condition			
Allergies:		Diabetes Type I	
Bee Sting Allergies		Diabetes Type II	
Food Allergies		Inflammatory Bowel Disease (IBS, Crohn's, etc)	
Latex Allergies		Migraine Headaches	
Autoimmune Disorders (Arthritis, Lupus, etc.)		Neurologic Conditions:	
Blood Dyscrasias:		Cerebral Palsy	
Hemophilia		Spina Bifida	
Sickle Cell		Seizure Disorder	
Von Willibrand		Neuromuscular Degenerative Disorder	
ITP		Neurological Conditions: Other	
Other Blood Dyscrasias		Respiratory disorders	
Cancer		Asthma	
Cardiac Conditions		Pulmonary hypertension	
Celiac Disease		Other respiratory disorders	
Cystic Fibrosis		Other Physical/ Developmental conditions	
II. Behavioral/Emotional Conditions			
ADHD/ADD		Eating Disorders	
Anxiety (GAD, School Phobia, etc)		Encopresis	
Autism Spectrum Disorder		PTSD/ Trauma History	
Depression		Other Behavioral/Emotional conditions	

3. Total number of students with ***special health care needs***: \_\_\_\_\_  
 (Count students with multiple "special health care needs" only once.)
4. Total number of students with Individualized Health Care Plans (IHCPs): \_\_\_\_\_
5. Number of students with 504 plans on file: \_\_\_\_\_
6. Number of students with *asthma action plans* on file: \_\_\_\_\_
- 7a. Number of students with do-not-resuscitate (DNR) orders on file: \_\_\_\_\_
- 7b. Number of students with ventilators: \_\_\_\_\_
- 7c. Number of students with tracheostomies: \_\_\_\_\_

### Student Demographics

8. Number of students who visited the health room at least once this school year: \_\_\_\_\_  
 (Enter the number of individuals who made one or more visits, not the number of visits. Do not count any student more than once!  
 This is used to calculate the % of the student population that used health services. Do not include students who visited only for routine screenings.)

9. Number of students with the following types of health insurance (Please do not leave any data spaces *blank*.):

	Private	Public*	No Insurance	Unknown
# of Students:				

\* E.g., Mass Health, Children's Medical Security Plan.

### Health Screenings and Exams

- 10a. How many students entered kindergarten this year? \_\_\_\_\_
- 10b. How many kindergarten students provided documentation of having received a Preschool Vision Screening prior to entry into kindergarten by a Pediatrician or Primary Care Provider? \_\_\_\_\_

11. Number of student health screenings conducted during the *just-completed* school year.

TYPE OF SCREENING	Initial Screens	Re-Screens	Referrals	Completed Referrals
A. BMI				
B. Hearing				
C. Postural				
D. SBIRT				
F. Vision				

12. Body Mass Index (BMI) Percentiles \*

- Enter the number of students in each weight category, using the table below.
- To determine the BMI percentile, use the proper BMI-for-age charts designed for children 2-18. Do not use the method designed for determining adult BMI percentiles, as that will produce invalid results.
- Only include current BMI data in the table (i.e., use heights & weights obtained during the just-completed school year).
- Please try to include ALL of the students in a given grade level so that the data will fairly represent the students in that grade (You should obtain current data for at least 70-75% of students in each grade).

Grade	Gender	BMI Category			
		< 5 <sup>th</sup> percentile	≥ 5 <sup>th</sup> percentile and < 85 <sup>th</sup> percentile	≥ 85 <sup>th</sup> percentile but < 95 <sup>th</sup> percentile	≥ 95 <sup>th</sup> percentile
		Underweight	Normal	Overweight	Obese
Grade 1	Male				
	Female				
Grade 4	Male				
	Female				
Grade 7	Male				
	Female				

Grade 10	Male				
	Female				

\* BMI percentiles for adolescents are based on age and gender, using standards established by CDC.

13. Number of physical exams performed by school physicians during *just-completed* school year: \_\_\_\_\_

14. Number of students who received oral health screenings.

A. Screened by School Nurse	B. Screened by Dentist or Dental Hygienist	C. Referrals	D. Completed Referrals

15. Of the students screened in Question 14, how many were in 3<sup>rd</sup> grade? \_\_\_\_\_

16. Number of students who had dental sealants applied in school: \_\_\_\_\_

17. Number of students who had fluoride rinse treatment in school: \_\_\_\_\_

18. Cardiovascular Health Issues: Number of school buildings in your district:

a) without any on-site Automated External Defibrillators (AEDs): \_\_\_\_\_

b) with one on-site AED: \_\_\_\_\_

c) with more than one on-site AED: \_\_\_\_\_

d) with an unknown number of on-site AEDs: \_\_\_\_\_

(Please do not overlook any buildings. The total of a, b, c, and d above should equal the total number of school buildings in your district)

19. Number of Unlicensed School Personnel Trained by School Nurses in:

Trainings:	Total number of School Staff:
Epinephrine via an autoinjector	
Medication Administration	
CPR/ AED use	

## Section II: Health Services Staff

### 1. Number of *currently filled* Full Time Equivalents (FTEs) by “type of position” and “funding source.”

- Count FTEs, not individuals. Include part-time positions as fractional FTEs (i.e., add “.5” for a half -time or “.25” for a quarter-time position) when calculating the FTE total. For *per diem* staff, estimate the FTEs those staff represent (normally a small number).
- If there is a *full-time Nurse Leader*, allocate 1 FTE to the “Nurse Leader” row. Do not-count that FTE in another row.
- For positions *funded by 2 or more sources*, split the FTEs according to the proportion of funding supplied by each source (For example, if a School Nurse FTE is funded  $\frac{3}{4}$  by the School Budget and  $\frac{1}{4}$  by the Essential (ESHS) Contract, in the “School Nurse” row one would allocate “.75” to the “School Budget” column and “.25” to the “ESHS Contract” column.)
- Do not count health educators or volunteers. Provide information on physicians on the following page.

Type of Position	Number of Currently Filled FTEs Funded By:			
	School Budget	ESHS Contract	Local Board of Health	Other
<b>Registered Nurses</b>	(Just enter the total number of FTEs, i.e.: "5.5")			
A. Nurse Leader				
B. School Nurse ( <u>RNs only</u> )				
C. Nurse Practitioner				
D. Permanent Per Diem Nurse				
E. “Float” Nurse				
F. Psychiatric Nurse				
G. Special Education Nurse				
H. Other RNs: _____				
<b>Nursing Support Staff</b> (not RNs)				
I. Licensed Practical Nurse				
J. Health Aide				
K. Other: _____				
<b>Administrative Support</b>				
J. Admin. Assistant or Secretary				
K. Data Entry Staff				

### 2A. School Physician hours:

Approximately how many *hours of service per year* do school physicians provide to your district? \_\_\_\_\_ **Hours**  
(if the district does not have a School Physician, write “0” hours)

### 2B. Who funds your school physician?

☐ Board of Health

☐ School Budget

☐ Volunteer Position

☐ ESHS Grant

4. Educational Level of RN School Nurses and the Nurse Leader:

- Count *FTEs* (and fractional FTEs), not individuals, by highest educational degree obtained.
- Include only school nurses *licensed as RNs* in this section (no LPNs, etc).
- Count the Nurse Leader separately in Column A; do not include the Nurse Leader in Column B
- For each school nurse, count only the *highest* educational credential obtained (i.e., count each nurse in only *one* category).
- In each row, consider educational degrees only, professional credentials or certifications are marked in Columns C and D

Highest Educational Degree		A. Nurse Leader's Highest Degree	B. School Nurse (RN) (not counting the nurse leader)	C. DESE Licensed	D. NCSN
		(Check <input type="checkbox"/> only one box: the <i>highest</i> degree obtained)	Number of FTEs: For example: "9.25")	(Number of School Nurses licensed by DESE)	(Number of School Nurses who are nationally certified)
<b>Diploma</b>					
1	Diploma RN	<input type="checkbox"/>			
<b>Associate Degree</b>					
2	AD	<input type="checkbox"/>			
3	AA or other Associates degree	<input type="checkbox"/>			
<b>Bachelor's Degree</b>					
4	BSN	<input type="checkbox"/>			
5	BS, BA or other Bachelor's degree	<input type="checkbox"/>			
<b>Advanced Degree</b>					
6	MSN	<input type="checkbox"/>			
7	MPH	<input type="checkbox"/>			
8	MEd	<input type="checkbox"/>			
9	MS, MA, or other Master's degree	<input type="checkbox"/>			
10	Doctoral (DNS, EdD, PhD, etc.)	<input type="checkbox"/>			
<b>Other</b>					
11	(specify: _____)	<input type="checkbox"/>			
	<b>TOTAL</b> (Sum of column B should equal FTE total for all RNs except the Nurse Leader ):				

Comments on staffing issues: \_\_\_\_\_

\_\_\_\_\_

### Section III: Performance Measures

*Current* status of RFR outcomes, targets, and performance measures. Please refer to the RFR for more information about each of the Outcomes and Targets, and refer to the last page of this report for guidelines on completing this section. (Please do not write explanatory comments *inside* the data boxes as any comments there will not be recorded; add comments only in the *Comments* areas provided below.).

#### Outcome 1: School Nurse Leader (SNL)

RFR PERFORMANCE MEASURE	Check ONE box ( <input type="checkbox"/> or X )		
	Not In Place	In Process	In Place
1 SNL is freed from providing direct services			
2 SNL sustainability plan is implemented			
3 Administrative support for ESHS grant			

Comments: \_\_\_\_\_

#### Outcome 2: School Health Advisory Council (SHAC)/ Wellness Committee

RFR PERFORMANCE MEASURE	Check ONE box ( <input type="checkbox"/> or X )		
	Not In Place	In Process	In Place
1 SHAC meets at least 4 times per year			
2 Annual goals established			
3 SHAC Annual Report completed			

Comments: \_\_\_\_\_

#### Outcome 3: Management Information Systems (MIS)

RFR PERFORMANCE MEASURE	Check ONE box ( <input type="checkbox"/> or X )		
	Not In Place	In Process	In Place
1 Monthly and annual reports are submitted by the deadline			
2 Return-to-class rates are above 85%			
3 Utilization of services are evaluated			
4 Annual Data Report is submitted to school committee			

Comments: \_\_\_\_\_

**Outcome 4: Continuous Quality Improvement (CQI) program**

RFR PERFORMANCE MEASURE	Check ONE box ( <input type="checkbox"/> or X )		
	Not In Place	In Process	In Place
1 Annual performance improvement project			
2 Improved screening and referral completion rate			

Comments: \_\_\_\_\_

**Outcome 5: Private Schools Check if Not Applicable:**

RFR PERFORMANCE MEASURE	Check ONE box ( <input type="checkbox"/> or X )		
	Not In Place	In Process	In Place
1 Minumum # of hours of nursing services provided			
2 Needs assessment completed			
3 Private schools comply w/med administration regulations			
4 MIS implementation plan			
5 Required screenings completed			

Comments: \_\_\_\_\_

**Outcome 6: Partner Schools**

RFR PERFORMANCE MEASURE	Check ONE box ( <input type="checkbox"/> or X )		
	Not In Place	In Process	In Place
1 Consultation with mentored schools			
2 SHAC is established and completes or updates 4 policies			
3 MIS implementation			

Comments: \_\_\_\_\_

**General Comments (Optional)**

9. Comments about your data and/or current health services activities that we should know about (including *unexpected* successes and barriers to implementation). Attach additional paper if needed. \_\_\_\_\_

## General Guidelines

Submit only ONE report for the entire school district (Do not submit a separate report for each school). This report should summarize the status of ALL the schools in the "district" funded through the ESHS grant. In most cases, this would include all schools in your Local Public School System, and no others. Please add together numbers for all schools where necessary (Section I, for example) and enter only the district-wide totals.

Do not include data from affiliated schools (such as nonpublic schools or partner school districts) that are not part of the "district" as that will invalidate our statistical calculations. Partner districts must submit a completely separate report.

Except where noted, please answer all questions with information that is current as of the END of the school year (June).

To ensure the accuracy and validity of your data, we *strongly recommend that all school staff involved in the collection process maintain a program log for documenting information pertinent to this report*, including updates in policies and procedures, numbers of students surveyed, etc.

The deadline for submitting completed Status Reports to MDPH is July 15.

## Status of RFR Performance Measures (Section III)

Indicate the status for each RFR measure using the following definitions:

**Not In Place:** Use if there has been *little or no* development of the policy or plan.

**In Process:** Use if development of the policy or plan is *well under way*, but not yet finalized or fully implemented.

**In Place:** Use only if the policy or plan has been *completely* developed and implemented and meets all required specifications.

*Please refer to the RFR for more information about the various Performance Measures described on the form.*